

VOLUNTEER APPLICATION

Volunteer Name	First	Last	
Phone Number	This is my <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other ()		This is my <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other ()
Address	Street Address	City	Zip
Email			
Age	<input type="checkbox"/> Minor (under age 18) <input type="checkbox"/> Adult (age 18+)		

Why do you want to volunteer at the library?

What types of volunteer responsibilities would you prefer?
<input type="checkbox"/> Putting books in order <input type="checkbox"/> Finding books from a list <input type="checkbox"/> Assisting others on computers <input type="checkbox"/> Assisting kids <input type="checkbox"/> Copying and folding <input type="checkbox"/> Making home deliveries <input type="checkbox"/> Boxing sale books <input type="checkbox"/> Sharing tech skills/trends <input type="checkbox"/> Cleaning book covers and DVDs <input type="checkbox"/> Cutting paper <input type="checkbox"/> Organizing files <input type="checkbox"/> Distributing posters to businesses

Time Commitment/Frequency	Number of Hours per Week
<input type="checkbox"/> Short term (less than 2 months) <input type="checkbox"/> Long term (more than 2 months) <input type="checkbox"/> Regular weekly schedule <input type="checkbox"/> Sporadically/Events only	<input type="checkbox"/> 1-2 hours per week <input type="checkbox"/> 3-4 hours per week <input type="checkbox"/> 5-6 hours per week <input type="checkbox"/> more

When are you available to volunteer at the library?	Day	Hours
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	

How did you hear about the library's volunteer opportunities?

What previous volunteer experience do you have?

What skills do you have that would be relevant to volunteering at the library?

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Computer (list please) _____ | |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Alphabetizing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Good with people | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Multiple languages | <input type="checkbox"/> Other _____ |

What equipment can you operate?

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Photocopier | <input type="checkbox"/> Paper cutter | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Microphone | <input type="checkbox"/> DVD/VHS player | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> PC Computer | <input type="checkbox"/> Mac Computer | <input type="checkbox"/> Other _____ |

Do you prefer to volunteer at a specific Oak Park Public Library location?

- | | | |
|--|--|--|
| <input type="checkbox"/> Main Library
834 Lake Street
Oak Park, IL 60301 | <input type="checkbox"/> Dole Branch
255 Augusta Street
Oak Park, IL 60302 | <input type="checkbox"/> Maze Branch
845 Gunderson Avenue
Oak Park, IL 60304 |
|--|--|--|

References (please list two)	Name	Telephone ()
	Address	Relationship to you
	Name	Telephone ()
	Address	Relationship to you

I certify that the information provided on this application is true to the best of my knowledge. I understand that I am not guaranteed an interview or assignment to a volunteer position at Oak Park Public Library.

Signature _____ Date _____

If under the age of 18 a parent/guardian must also sign.

I give my permission for my child to volunteer at Oak Park Public Library.

Signature _____ Date _____